| Application | (DMENT | ransmi' | ITAL LE | TTER | | et No. 0302P | |
|---|--|--|---|-----------------------------------|------------------------------|-----------------|--|
| Application No. | | Filing Date | | Examiner | | Art Uni | |
| 10/727,546-Conf. #7320 | | December 5, 2003 | | C. K. Peterso | <u>n</u> | 2609 | |
| oplicant(s): Hisa | | | UOT AND IN | MACINIC CVCTEM | | | |
| S Amendment ommissioner for F O. Box 1450 | | ERIVIINAL DEV | MCE, AND IV | IAGING SYSTEM | | | |
| exandria, VA 223 Transmitted here | with is an ame | | | | | | |
| The fee has been | calculated an | | ************************************** | | YET'O MEMBERSHOOMSMANISHEESE | | |
| | Claims | CLAIM Highest | S AS AMENI | DED | | | |
| | Remaining After Amendment | Number Previously Paid | Number Extra Claims Present | Rate | | | |
| Total Claims | 18 | - 20 = | 0 | x 50.00 | | 0.00 | |
| Independent Claims | 4 | - 3 = | .1 | x 200.00 | 2 | 00.00 | |
| Multiple Depend | lent Claims (ch | eck if applicabl | e) | | | | |
| Other fee (please specify): Extension for response within first month | | | | | 3 | 20.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 3 | 20.00 | |
| x Large Entity | | | | Small Entity | | | |
| No additiona | al fee is require | ed for this ame | ndment | | | | |
| X Please char | | count No(eet is enclosed | | n the amount of \$ _ | 320.00 | | |
| | | | is enclo | sed. | | | |
| · . | | | | | | | |
| A check in the | credit card. F | OFM P 10-2030 | l is attached. | | | | |
| A check in the Payment by | | | ge and credit | Deposit Account Nenclosed | o <u>02-2</u> - | 448 | |
| A check in the Payment by X The Director as described | r is hereby aut | horized to char plicate copy of | ge and credit | | o <u>02-2</u> - | 448 | |
| A check in the Payment by X The Director as described Credit a | r is hereby auti d below. A du _l ny overpayme | horized to char plicate copy of nt ling or applicatio | ge and credit this sheet is on processing | enclosed fees required under 3 | 37 CFR 1.16 | and 1.17 | |
| A check in the Payment by X The Director as described as described with the Payment by Michael K Muth | r is hereby aut d below. A dup ny overpayme any additional fi ter | norized to char plicate copy of nt | ge and credit this sheet is on processing | enclosed | 37 CFR 1.16 | and 1.17 | |
| A check in the Payment by X The Director as described Credit a | r is hereby autidibelow. A dup ny overpayme any additional fi ter No: 29,680 ART, KOLASO se Road | horized to char plicate copy of nt ling or applicatio | ge and credit this sheet is on processing | enclosed fees required under 3 | 37 CFR 1.16 | and 1.17 | |